⊦	Substitute for Form PTO-875								as II displays a valid OMB control number Application or Docket Number		
L	APPLICATION AS FILED (Column 1)				) – PART I (Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
L	FOR	мим	ABER FILE	MUM	BER EXTRA	RATE (\$)	FEE (\$)	]	RATE (\$)	FEE (\$)	
	BASIC FEE 37 CFR 1.16(8), (b), or (c)	,_[					1 10/	1	10012101	1 1 1 1 1 1	
	SEARCH FEE 37 CFR 1 16(k), (i), or (iii)	,									
E	XAMINATION FEE 07 CFR 1.16(0), (p), or (q)				, <u>, , , , , , , , , , , , , , , , , , ,</u>				}	<del> </del>	
	OTAL CLAIMS 37 CFR 1.16(I))		minus	20 = .		x =		1		<del> </del>	
12	NDEPENDENT CLAIM	is	minus			x =	<del> </del>	OR	X =		
(3	PPLICATION SIZE EE 17 CFR 1 16(s)) ULTIPLE DEPENDEN	sheets of section is \$250 addition 35 U.S.	of paper. (\$125 for al 50 she C. 41(a)(	n and drawings the application small entity) fo ets or fraction (I)(G) and 37 CF	size fee due r each hereof. See				Х =		
•	the difference in column 1 is less than zero, enter "0" in column 2			TOTAL			TOTAL .				
	APPLICATION AS AMENDED PART II							•		<u> </u>	
							0.0	OTHER	RTHAN		
AMENDMENT A	11,	(Column 1)		(Column 2) HIGHEST	(Column 3)	SMALL	ENTITY	OR I		ENTITY	
	10/4/05	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR + 16(4))	10	Minus	12	-	1.25=	,,,,	OR	× 50 =	1 22 (\$)	
	Independent (37 CFR 1 16[6])	3	Minus	Z	-	× 1(X) :					
	Application Size Fee (37 CFR 1 16(s))			-L	1,100 :		OR	x 200 =	_		
٩	FIRST PRESENTATION	ON OF MULTIPL	E DEPEND	ENT CLAUM 137 CF	R 1 16((1)			0.0			
						TOTAL		OR	TOTAL		
						ADD'L FEE		OR	ADD'L FEE		
	<del>                                     </del>	Column 1) CLAIMS		(Column 2)	(Column 3)			_			
AMENDMENT B	1A	EMAINING AFTER MENDMENT		HIGHEST RUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Folai GCR 116, G		Mings		7	v =				166 (3)	
	Indefendent .		Minus		:	, =		OR	λ =		
	Application Size Fe	Application Size Fee (37 CFR ± 16(s))						OR	Х =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (A) CFR ( 160))							OR			
	<u>-</u>					TOTAL ADD L FEE		OR [	TOTAL ADD'L FEE		

The 'Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the uSPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark, Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.